

TRANSMITTAL

DATE: 06.11.2018

Project: 17098.00 50 CPD

To:

Liza Paden
Cambridge Community Development Department
344 Broadway
Cambridge, MA 02139
617-349-4647

Fax:

From: Mike Mahan

<input checked="" type="checkbox"/> X	Enclosed	<input type="checkbox"/>	Regular Mail
<input type="checkbox"/>	For your review and comment	<input type="checkbox"/>	Overnight delivery
<input type="checkbox"/>	For your approval	<input type="checkbox"/>	Same day delivery
<input type="checkbox"/>		<input type="checkbox"/>	Fax / # of pages _____

Enclosed please find the following:

1. (3) Copies of the application with original signatures consisting of Volume 1A (application), Volume 1B (application appendices) and Volume II (drawings.)
2. (15) Hard copies of the application consisting of Volume 1A (application), Volume 1B (application appendices) and Volume II (drawings.)
3. (1) CD with documents in PDF format
4. Check for Special Permit Fee

Regards,

Mike Mahan
Project Manager
CUBE 3 Studio LLC

